

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/520009

1 Date of Request:	2 Serial/Patent #
3 Please refund the following fee(s):	
Filing	4 PAPER NUMBER
<input checked="" type="checkbox"/>	1
Amendment	5 DATE FILED
	12/30/04
Extension of Time	6 AMOUNT
	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	\$
Maintenance	\$
Assignment	\$
Other	\$
7 TOTAL AMOUNT OF REFUND	
\$ 100	
8 TO BE REFUNDED BY:	
10 REASON:	Treasury Check
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
Duplicate Payment	9 22--0185
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: A Johnson	
SIGNATURE: A Johnson	
OFFICE: PCT	TITLE: paralegal
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B